BALDWIN CARE CENTER

640 ELM STREET

BALDWIN	54002	Phone: (/15) 684-3231	L	Ownership:	City
Operated from	1/1 To 12/31	Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Con	junction with H	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/02):	65	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/02):	69	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	/02:	57	Average Daily Census:	55

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
·				Age Groups	용 8	•	42.1	
Supp. Home Care-Personal Care	No	•		!		1 1 10010	40.4	
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0		17.5	
Day Services No		Mental Illness (Org./Psy) 28.1		65 - 74 7.0				
Respite Care Yes		Mental Illness (Other)	10.5	75 - 84	33.3		100.0	
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	49.1	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.5	Full-Time Equivalent		
Congregate Meals No		Cancer 3.5 Nursing		Nursing Staff per 100 Res	sidents			
Home Delivered Meals No		Fractures	14.0		100.0	(12/31/02)		
Other Meals	Yes	Cardiovascular	8.8	65 & Over	100.0			
Transportation	No	Cerebrovascular	10.5			RNs	10.1	
Referral Service	No	Diabetes	8.8	Sex	용	LPNs	12.6	
Other Services	No	Respiratory	7.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.8	Male	35.1	Aides, & Orderlies	43.2	
Mentally Ill	No			Female	64.9			
Provide Day Programming for			100.0					
Developmentally Disabled	No			l	100.0	I		

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	249	23	79.3	108	0	0.0	0	18	75.0	115	0	0.0	0	0	0.0	0	45	78.9
Intermediate				6	20.7	88	0	0.0	0	6	25.0	110	0	0.0	0	0	0.0	0	12	21.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		29	100.0		0	0.0		24	100.0		0	0.0		0	0.0		57	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period					 % Needing		 Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	15.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.8	Bathing	7.0		31.6	61.4	57
Other Nursing Homes	2.8	Dressing	14.0		57.9	28.1	57
Acute Care Hospitals	76.4	Transferring	33.3		42.1	24.6	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	38.6		38.6	22.8	57
Rehabilitation Hospitals	0.0	Eating	78.9		8.8	12.3	57
Other Locations	2.8	* * * * * * * * * * * * * * * * * * *	******	*****	******	******	*****
otal Number of Admissions	72	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	5.3	Receiving Resp	iratory Care	15.8
Private Home/No Home Health	21.9	Occ/Freq. Incontiner	nt of Bladder	54.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	21.9	Occ/Freq. Incontiner	nt of Bowel	26.3	Receiving Suct	ioning	0.0
Other Nursing Homes	1.4	1			Receiving Osto	my Care	1.8
Acute Care Hospitals	15.1	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	7.0	Receiving Mech	anically Altered Diet	s 31.6
Rehabilitation Hospitals	0.0	i			J	-	
Other Locations	2.7	Skin Care			Other Resident C	haracteristics	
Deaths	37.0	With Pressure Sores		7.0	Have Advance D	irectives	94.7
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	73	I			Receiving Psyc	hoactive Drugs	36.8

		Own	ership:		Size:		ensure:					
	This	Gov	ernment	50	-99	Ski	lled	Al				
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	olo	olo	Ratio	양	Ratio	%	Ratio	90	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	79.1	83.8	0.94	87.1	0.91	85.3	0.93	85.1	0.93			
Current Residents from In-County	86.0	84.4	1.02	81.5	1.05	81.5	1.06	76.6	1.12			
Admissions from In-County, Still Residing	26.4	35.0	0.75	20.0	1.32	20.4	1.29	20.3	1.30			
Admissions/Average Daily Census	130.9	74.2	1.76	152.3	0.86	146.1	0.90	133.4	0.98			
Discharges/Average Daily Census	132.7	75.8	1.75	153.5	0.86	147.5	0.90	135.3	0.98			
Discharges To Private Residence/Average Daily Census	58.2	24.2	2.41	67.5	0.86	63.3	0.92	56.6	1.03			
Residents Receiving Skilled Care	78.9	86.6	0.91	93.1	0.85	92.4	0.85	86.3	0.92			
Residents Aged 65 and Older	100	83.9	1.19	95.1	1.05	92.0	1.09	87.7	1.14			
Title 19 (Medicaid) Funded Residents	50.9	76.6	0.66	58.7	0.87	63.6	0.80	67.5	0.75			
Private Pay Funded Residents	42.1	17.1	2.47	30.0	1.40	24.0	1.76	21.0	2.00			
Developmentally Disabled Residents	0.0	3.2	0.00	0.9	0.00	1.2	0.00	7.1	0.00			
Mentally Ill Residents	38.6	56.1	0.69	33.0	1.17	36.2	1.07	33.3	1.16			
General Medical Service Residents	8.8	14.6	0.60	23.2	0.38	22.5	0.39	20.5	0.43			
Impaired ADL (Mean)	48.1	49.6	0.97	47.7	1.01	49.3	0.98	49.3	0.98			
Psychological Problems	36.8	61.4	0.60	54.9	0.67	54.7	0.67	54.0	0.68			
Nursing Care Required (Mean)	7.0	6.4	1.10	6.2	1.13	6.7	1.04	7.2	0.98			